

NOAA DIVE CENTER - DIVE OPERATIONS PLANNING SHEET

This form is to be used when planning Dive Operations that will be more than 6 hours from a hyperbaric chamber or include air evacuation procedures as part of the Dive Accident Management Plan.

Date(s) of Operations: _____ # of NOAA Divers: _____
Location of Operations: _____ # of Reciprocity Divers: _____
Distance from Shore: _____ Total # of Dives Planned: _____
Evac. Time to Chamber: _____ Planned # of Dives per Day _____
Depth Range of Dive Ops _____ # of Consecutive Dive Days: _____

Principal Tasks to be Accomplished: _____

Please describe dive techniques or equipment to be utilized (e.g. mixed gas diving, decompression diving, rebreathers, etc...).

Dive Operation Information: _____

Principal Diver-Worn Equipment and Breathing Media: _____

Tools / Specialized Equipment to be Used: _____

Potential Hazards: _____

Primary means of Evacuation for Emergencies: _____

NMAO Medical Contact Name and Number: _____
NDC Contact Name and Number: _____
DAN Contact Number: _____
USCG/EMS/Primary Evac. Contact Number: _____
Primary Chamber Telephone # and Contact Name: _____
Secondary Chamber Telephone # and Contact Name: _____

Submitted by: _____ Date: _____